MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/889193**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	D.
1	1						51							
2							52							
3		2					53							
4		1					54							
5		1					55							
6		1					56							
7		1					57							
8		1					58							
9		1					59							
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42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	1						TOTAL IND.							
TOTAL DEP.	9						TOTAL DEP.							
TOTAL CLAIMS	10						TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS